Form 430030 5-99		Control #	2007 11 11 11 11 11 11 11 11 11	
lowa Department of Transportation			Date	
PARENT	S' WRITTEN C	ONSENT	SS #	
	E IDENTIFICA		Parent's or C	Guardian's proof of identity
AFFIDAVIT	TO OBTAIN I	DUPLICATE	when form is	used to identify minor.
THE FOLLOW	ING INFORMATI	ON TO BE GIVEN	UNDER OATH	
I, Mr. or Mrs				hereby
request that the	e Department of	Transportation acce	pt the application o	f myson/daughter/ward
whose date of following inform		ws for the issuance	e of an identificat	ion. I certify that the
Minor's Full Na	me	Middle o	r Maiden	
Street No. or R	tural Rt.			
City or Town_			Zip	
		DATE OF BIRTH		
	Month	Day	Year	P E Z
Minor Applican Usual Signatur Parent's Signature	**		Last Name	
Verified and af	firmed			
before me by N	Ar. or Mrs.			
		County _		lowa,
this	day of			
			Year	
				Notary Public
PERJURY IS A AND A FINE OF	CLASS "D" FELC UP TO \$7,500. IO	ONY PUNISHABLE B NA CODE § 720.2, 9	Y UP TO FIVE (5) Y 02.9.	EARS IMPRISONMENT
Disclosure St	atement:			
The information Transportation companies companies	n furnished on the and could be ncerning applicat	used by law er	nforcement agenci identification card	by the Department of es and/or insurance I. Failure to complete d.